

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE
						10748764	
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 2ND AMENDMENT				
	IND	DEP	IND	DEP			
1							
2	X						
3							
4							
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10	X						
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48							
49							
50							
TOTAL IND.	8		1	6			
TOTAL DEP.	78	←	9	←			
TOTAL CLAIMS	20	████████	10	████████	████████	████████	████████